

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16232

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5938</u>		Registrar's No. <u>975</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Arlington Twp</u>		c. LENGTH OF STAY (In this place) <u>6 yrs</u>		c. CITY OR TOWN <u>R-2 Newburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 2, Newburg</u>				STREET ADDRESS (If rural, give location) <u>0 81 0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
HARRY EDWARD		EDWARD		TOUSHRICE		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 - 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 26 1888</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Arlington, Mo.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>USA</u>	
13a. FATHER'S NAME <u>Olza Loughrige</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Loughrige</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Loughrige</u>		18. ADDRESS <u>Newburg</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrospinal Lateral Sclerosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Quarantine of respiration &amp; cardiac function due to paralysis -</u> DUE TO (c) <u>fever general debility &amp; generalized weakness -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 to 2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>May 26, 1955</u> , to <u>May 26, 1955</u> , that I last saw the deceased alive on <u>May 26, 1955</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard E. Miller</u>		(Degree or title)		23b. ADDRESS <u>Newburg, Mo</u>		23c. DATE SIGNED <u>May 28, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>May 29 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newburg MO</u>	
DATE REC'D BY LOCAL REG. <u>June 1, 1955</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>		ADDRESS <u>Newburg Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lee Johnson*.....  
Licensed Embalmer No. 33  
P. O. Address Newb.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.